For USCIS Use Only     A.     Receipt     Action Block       Case ID:	late ent
To Be Completed by an Attorney or Accredited Representative, if any.       Select this box if Form G-28 is attached to represent the requestor.       Attorney State Bar Number (if any): <ul> <li>START HERE - Type or print in black ink. Read Form I-821D Instructions for information on how to complete this form.</li> <li>Part 1. Information About You (For Initial and Renewal Requests)</li> <li>I am not in immigration detention and I have included Form I-765, Application for Employment Authorization, and Form</li> </ul> Removal Proceedings Information 5. Are you NOW or have you EVER been in removal proceedings, or do you have a removal order issued in any other context (for example, at the border or within the	
List name of client exactly as it appears on identity document.       I. Initial Request - Consideration of Deferred Action for Childhood Arrivals       NOTE: The term "removal proceedings" includes exclusion or deportation proceedings initiated before April 1, 1997; an Immigration and Nationally Act (INA) section 240 removal proceeding; expediatel removal; an INA section 217 removal after admission under the Visa Waiver Program; or removal as a criminal alien under INA section 218.         Full Legal Name       Full Legal Name       Status or outcome:	
Include both last names. Do not add hyphen unless it appears on identity document.       3.a. Family Name	

Part 1. Information About You (For Initial and	Processing Information	
Renewal Requests) (continued)	15. Ethnicity (Select only one box)	
Other Information	Hispanic or Latino Not Hispanic or Latino	Categories
<ol> <li>Alien Registration Number (A-Number) (if any)</li> <li>► A-</li> </ol>	16. Race (Select all applicable boxes)	defined for
7. U.S. Social Security Number (if any)	White Asian	
	Black or African American	naturalization
8. Date of Birth (mm/dd/yyyy) ►	American Indian or Alaska Native     Native Hawaiian or Other Pacific Islander	purposes
9. Gender Male Female		
10.a. City/Town/Village of Birth	17. Height Feet VInches V	
	18. Weight Pounds	
10.b. Country of Birth	19. Eye Color <i>(Select only one box)</i> Black Blue Brown	
11. Current Country of Residence	Gray Green Hazel	
	Maroon Pink Unknown/Other	
12. Country of Citizenship or Nationality	20. Hair Color (Select only one box) Bald (No hair) Black Blond	
	Brown Gray Red	
<ol> <li>Marital Status</li> <li>Married Widowed Single Divorced</li> </ol>	Sandy White Unknown/ Other	
Other Names Used (If Applicable)	Part 2. Residence and Travel Information (For Initial and Renewal Requests)	
If you need additional space, use Part 8. Additional Information.	<ol> <li>I have been continuously residing in the U.S. since at least</li> </ol>	
14.a. Family Name (Last Name)	June 15, 2007, up to the present time. Yes No	Don't forget to
14.b. Given Name (First Name)	NOTE: If you departed the United States for some period of time before your 16th birthday and returned to the United States	answer this
14.c. Middle Name	on or after your 16th birthday to begin your current period of continuous residence, and if this is an initial request, submit	
	evidence that you established residence in the United States prior to 16 years of age as set forth in the instructions to this form.	question.
	For Initial Requests: List your current address and, to the best	
	of your knowledge, the addresses where you resided since the date of your initial entry into the United States to present.	
	For Renewal Requests: List only the addresses where you	
	resided since you submitted your last Form I-821D that was approved.	
	If you require additional space, use Part 8. Additional Information.	
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	Part 2. Residence and Travel Information (For	Travel Information	
	Initial and Renewal Requests) (continued)	For Initial Requests: List all of your absences from the United	Complete this
<u>Do not</u> list all prior addresses, only <u>new</u> addresses	Present Address         2.a. Dates at this residence (mm/dd/pggg)         From ▶       To ▶         Present         2.b. Street Number and Name         2.c. Apt.       Ste.         Fir.         2.d. City or Town         2.e. State       ✓         2.f. ZIP Code	States since June 15, 2007.         For Renewal Requests: List only your absences from the United States since you submitted your last Form I-821D that was approved.         If you require additional space, use Part 8. Additional Information.         Departure 1         6.a. Departure Date (mm/dd/pppy) ►         6.b. Return Date (mm/dd/pppy) ►	Complete this section for all travel since the last I-821D was submitted
client has lived in since receiving DACA approval	Address 1       3.a. Dates at this residence (mm/dd/5000)       From ▶       3.b. Street Number and Name       3.c. Apt.       Ste.       Flr.       3.d. City or Town	6.c.     Reason for Departure       Departure 2       7.a.     Departure Date (mm/dd/yyyy) ►       7.b.     Return Date (mm/dd/yyyy) ►       7.c.     Reason for Departure	
	3.e. State     ✓     3.f. ZIP Code       Address 2       4.a. Dates at this residence (mm/dd/yyyy)       From ►	<ol> <li>Have you left the United States without advance parole on or after August 15, 2012? Yes No</li> <li>9.a. What country issued your last passport?</li> </ol>	
*Beware of confidentiality concerns*	4.b.         Street Number and Name           4.c.         Apt.           Ste.         Flr.	9.b. Passport Number 9.c. Passport Expiration Date	Don't forget Questions 8-10
	4.e. State     ▲ .f. ZIP Code       Address 3     5.a. Dates at this residence (mm/dd/pggg)       From ►     To ►       5.b. Street Number and Name     To ►	(mm/dd/3000) ► 10. Border Crossing Card Number (if any) Part 3. For Initial Requests Only 1. Linitial control and established meidence in the US	
	5.c. Apt.       Ste.       Flr.         5.d. City or Town	Yes     No       2.     Date of Laining Data, introduction Units of States (monochong) (mm/dd/5000) ►       3.     Place of Initial Entry into the Omited States	Skip Part 3
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4.	Immigration Status on June 15, 2012 (e.g., No Lawful Status, Status Expired, Parole Expired)	Saf	rt 4. Criminal, National Security, and Public fety Information (For Initial and Renewal muests)	These are
	Status, Status Expirea, Parole Expirea)		y of the following questions apply to you, use Part 8.	
5.a.	Were you EVER issued an Anival-Departure Record (Form I-94, I-94W, or I-95)? Yes No	Add	itional Information to describe the circumstances and de a full explanation.	challenging
	If you answered "Yes" to Item Number 5.a., provide your Form I-94, I-94W, or I-95 number ( <i>if available</i> ).	1.	Have you EVER been arrested for, charged with, or convicted of a felony or misdemeanor, <i>including incidents</i> handled in juvenile court, in the United States? Do not include minor traffic violations unless they were alcohol- or drug-related.	questions. Prepare
	date your authorized stay expired, as shown on Form I-94, I-94W, or I-95 ( <i>if available</i> ). ( <i>mm/dd</i> /3030)		If you answered "Yes," you must include a certified court disposition, arrest record, charging document, sentencing record, etc., for each arrest, unless	applicant for
Ed	cation Information	2.	disclosure is prohibited under state law. Have you EVER been arrested for, charged with, or	these
6.	Indicate how you meet the education guideline (e.g., Graduated from high school, Received a general		convicted of a crime in any country other than the United States? Yes No	questions, and
	educational development (GED) certificate or equivalent state-authorized exam, Currently in school)		If you answered "Yes," you must include a certified court disposition, arrest record, charging document, sentencing record, etc., for each arrest.	help explain any
7.	Name, City, and State of School Currently Attending or Where Education Received	3.	Have you EVER engaged in, do you continue to engage	confusing
			in, or plan to engage in terrorist activities?	terminology
8.	Date of Graduation (e.g., Receipt of a Certificate of Completion, GED certificate, other equivalent state- authorized exam) or, if currently in school, date of last	4.	Are you NOW or have you EVER been a member of a gang?	
	attendance. (mm/dd/yyyy)	5.	Have you EVER engaged in, ordered, incited, assisted, or otherwise participated in any of the following:	
Mi	itary Service Information	5.a.	Acts involving torture, genocide, or human trafficking?	
9.	Were you a member of the U.S. Armed Forces or U.S. Coast Guard? I Yes No	5.b.	Killing any person?	
	u answered "Yes" to Item Number 9., you must provide onses to Item Numbers 9.a 9.d.	5.c.	Severely injuring any person? Yes No	
9.a.	Military Branch	5.d.	Any kind of sexual contact or relations with any person who was being forced or threatened? Yes No	
	Service Start Date (mm/dd/yyyy)	6.	Have you EVER recruited, enlisted, conscripted, or used any person to serve in or help an armed force or group	
	Discharge Date (mm/dd/yyyy) ► Type of Discharge	7.	while such person was under age 15? Yes No Have you EVER used any person under age 15 to take	
			part in hostilities, or to help or provide services to people in combat?	